

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042707

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY, MISSOURI

Length of stay in lb

5 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION VA HOSPITAL, KC, MO.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

JOHNSON

c. CITY OR TOWN

OVERLAND PARK, KS.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

7720 Hardy

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First THOMAS

Middle R.

Last JACKSON

4. DATE OF DEATH

Month NOVEMBER 11, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/3/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

LABORER

11. BIRTHPLACE (City and state or country)

RICHMOND, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS JACKSON

13b. MOTHER'S MAIDEN NAME

MOLLIE NANCE

14. NAME OF HUSBAND OR WIFE

WIDOWED Doris M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of service

YES 8/8/18 to 11/19/18

17. INFORMANT VA HOSPITAL RECORDS and

FAY DAILEY 7720 Hardy, Overland Pk Ks.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROSIS OF CORONARY ARTERIA

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BRONCHOPNEUMONIA, R LOWER LOBE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 11/6/62 to 11/11/62 and last saw him live on 11/11/62

Death occurred at 5:28 PM 11/11/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dwight K. Oxley, M.D.

22b. ADDRESS

VA HOSPITAL, KANSAS CITY, Mo.

22c. DATE SIGNED

11-12-62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 14 1962

23c. NAME OF CEMETERY OR CREMATORY

Sunny Slope

23d. LOCATION (City, town, or county)

Richmond Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hoge Funeral Home Overland Park Kans

25. DATE RECD. BY LOCAL REG.

11-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dwight K. Oxley

mi 2-3565

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Royce Hoge

Licensed Embalmer No. 3529

P. O. Address Overland Park, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.